

TRAFFIC VIOLATOR SCHOOL CLASSROOM LEASE OR RENTAL AGREEMENT

INSTRUCTIONS: This form may be used in lieu of a classroom lease or rental agreement as required pursuant to California Code of Regulations, Section 345.15 (a) 2.

1. TVS Owner completes Sections 1 and 2

Additional items required:

- \$70 nonrefundable application fee
- Property Use Verification for a Driving School or Traffic Violator School License, OL 140
- Request for Court Approval of Traffic Violator School, (TVS) Name for Addition to TVS Classroom Location List, OL 612
- Traffic Violator School Branch Office/Classroom Application, OL 712
- Official Classroom Location Schedule, OL 854

2. Property owner or property representative completes Section 3

SECTION 1: TVS SCHOOL INFORMATION—To be completed by TVS Owner

TVS SCHOOL NAME		LICENSE NUMBER TVS	
DBA		AREA CODE/TELEPHONE NUMBER ()	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

SECTION 2: CLASSROOM ADDRESS—To be completed by TVS Owner

CLASSROOM ADDRESS	ROOM NAME OR NUMBER	CITY	STATE	ZIP CODE
COUNTY/JUDICIAL DISTRICT	PROPOSED STARTING DATE*		CLASSROOM TELEPHONE NUMBER** ()	
PRINTED NAME OF TVS OWNER	SIGNATURE OF TVS OWNER		DATE	

SECTION 3: CLASSROOM/PROPERTY INFORMATION—To be completed by property owner or property representative.

NAME OF FACILITY OR BUSINESS	TYPE OF FACILITY (hotel, etc.)
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- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 1. Is the lighting adequate for reading? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Describe the seating and writing facilities: _____ | | |
| 3. Approximate square footage of classroom: Width: _____ ft. X Length: _____ = _____ sq. ft. | | |
| 4. The maximum occupancy permitted by local authorities when the facility is used for a classroom is _____.
<i>Attach any evidence or documentation available which will confirm the maximum occupancy established by local authorities.</i> | | |
| 5. The maximum seating capacity is _____. | | |
| 6. Is the classroom accessible to students with disabilities ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are sanitary and properly maintained restroom facilities readily accessible to students with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is parking or public transit readily accessible to students with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is alcohol consumption or advertising prohibited in the classroom location? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does this classroom comply with safety regulations and meet all requirements of state law and local ordinances? | <input type="checkbox"/> | <input type="checkbox"/> |

PROPERTY OWNER'S FULL NAME		AREA CODE/TELEPHONE NUMBER ()	
PROPERTY OWNER'S ADDRESS	CITY	STATE	ZIP CODE
PRINTED FULL NAME OF CONTACT PERSON ***		DAYTIME TELEPHONE NUMBER ()	
PRINTED NAME OF PERSON AUTHORIZING CLASSROOM USE	SIGNATURE OF PERSON AUTHORIZING CLASSROOM USE		DATE

* Classes shall not be used until official approval is received.

** The classroom telephone number must be a current operative number at the time of application.

*** The contact person listed should be an individual who has knowledge of the agreement for classroom use.

